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BOROUGH OF SALTASH

REPORT
OF THE
Medical Officer of Health
for 1956



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BOROUGH OF SALTASH

THE REPORT

OF THE

MEDICAL OFFICER OF HEALTH

for the year 1956

*To the Mayor, Aldermen and Councillors
of the Corporation of the Borough of Saltash.*

YOUR WORSHIP, LADIES AND GENTLEMEN,

During the year 1956 the estimated total population of the Health Area fell by 610. This fall was mainly due to a reduction in the population of the Torpoint Urban District from 6,210 to 5,680, due probably to some reduction in the numbers of Royal Naval personnel in the district. There were also small decreases in population in St. Germans Rural District, Liskeard Rural District and Liskeard Municipal Borough, and small increases in Saltash Municipal Borough and Looe Urban District. With 696 live births there was an excess of births over deaths of 44. The corrected birth rate for the Area at 15.1 was slightly below the national rate of 15.7 per 1,000 of population. The highest birth rate recorded was in the Liskeard Rural District at 16.4 per 1,000, the lowest being in the Looe Urban District where it was 13.1 per 1,000. The still birth rate for the Area was 19.7 per 1,000 total births, as compared with a rate of 23.0 for England and Wales.

Deaths in the Area during the year totalled 652, a reduction of 28 on last year's figure, and the lowest so far recorded since I commenced the collection of statistics for the Area in 1948. The average age at death — 68 years for males, and 73 years for females was substantially the same as in 1955, and approaches very closely the figures given in recent Life Tables by the Registrar General. Of those who died during the year, 307 or 47% of the total had reached the age of 75 years or over at the time of death. Once more the group of diseases affecting the heart took the heaviest toll of life causing 255 deaths, and accounting for just over twice as many deaths as those attributed to all forms of cancer which again lies second in order of prevalence as a cause of death. In 1956 cancer of the lung, and the windpipe has for the first time become the most numerous form of defined cancer causing death in No. 7 Health Area, and

was responsible for 22 deaths. Other points of interest in the death returns are the increase in the number of suicide deaths which totalled 10, and the fact that "other accidents", many of which concerned old persons and occurred in the home, caused 8 deaths as compared with the more publicised type of accident involving motor vehicles which was responsible for 2 deaths only.

It is appropriate at this stage to make some further reference to cancer of the lung and bronchus (windpipe) which has in recent years been taking an increasing toll of life, and has in consequence received a great deal of publicity, and has provoked much correspondence from statisticians, scientific, and medical workers, and non-specialised people in all walks of life. The main, and rather grim fact of this situation — that lung cancer mortality has greatly increased in the past 25 years — is nowhere in dispute, but there is as yet no agreement on the cause, or causes of this 20th century plague. As a measure of the increase in the disease the rise in the number of deaths from this cause in the country as a whole from 2,286 in 1931 to 17,271 in 1955 is tragically clear, and in this Area there has been a noticeable, and steady increase in the disease over the past seven years from 7 deaths in 1950 to 22 deaths in 1956. In 1950 medical and statistical research workers in this country, and in America suggested that there was a strong link between the incidence of lung cancer, and the consumption of tobacco. Furthermore it appeared that the way in which the tobacco was consumed had a considerable effect on the risk of provoking cancer of the lung, with the cigarette in the role of the villain of the piece. In October 1951 two British medical research workers with the help, and co-operation of the medical profession, Government departments, and the British Medical Association commenced an enquiry into the smoking habits of some 40,700 doctors. These doctors were then followed through until March 1956 — a period of four years, and five months — and the mortality they had suffered during this period from lung cancer was examined in relation to their smoking habits in October 1951 as shown in a questionnaire completed by them at that time. The result of this interesting, and relatively large-scale enquiry showed a steady gradient of incidence of death from lung cancer with increasing amounts of tobacco smoked. The standardized death rates per 1,000 were : non-smokers 0.07, light smokers 0.47, moderate smokers 0.86 and heavy smokers 1.66 — or in other words the death rate for lung cancer is for heavy smokers (25 cigarettes or more per day) twenty times that of the rate for non-smokers. The enquiry also confirmed a lower incidence of lung cancer in pipe, and cigar smokers, showed a diminished liability to it in those smokers who had given up the habit, and showed a trend of increased mortality from chronic bronchitis, coronary thrombosis, pulmonary tuberculosis, and peptic ulcers amongst those who smoked. There is no doubt that this investigation did much to strengthen the position of those who have been trying to bring before

the public the dangerous nature of the smoking habit. In commenting on the findings of this enquiry the editor of the British Medical Journal has written : " The new evidence now published makes it more than ever imperative for all concerned to see that the public is repeatedly informed of the possible dangers to health, and life from smoking cigarettes." In spite of such clear warnings, and the publicity given to the matter in all sections of the popular press, the general mass of the public do not appear willing to abandon, or even moderate their appetite for tobacco. Indeed their jocular reference to the cigarette as a " cancer stick " suggests that in full knowledge of the possible consequences, they do not take the matter very seriously. It is of course a fact that no national publicity campaign drawing the attention of the public and particularly adolescents, and young adults to the hazards of smoking has yet been undertaken. Whilst this may be due in part to the reluctance of the Government to accept conclusions which they, and their advisers do not yet consider fully proven, they must also have in mind the loss of Excise duty, and the probability of unemployment amongst tobacco workers which would inevitably follow the success of any campaign against the smoking habit. Even if such a national Government sponsored campaign were launched there is considerable doubt as to whether it would be a real success. There is a growing view that the tobacco habit is something more than a harmless social custom. On the contrary it bears many of the marks of a drug addiction — in this case to the drug nicotine, and other chemicals which are released, and absorbed when tobacco is smoked. Those of us who have witnessed the efforts of our friends, and acquaintances to stop smoking will have observed the intense, almost pathological craving, coupled with an irritability which makes the previously placid smoker difficult to live with and work with. I have more than a little sympathy with the moderate or heavy smoker, long confirmed in his habit, who tries to give it up, and I do not feel that any campaign aimed at him is going to meet with success. Our efforts must be directed mainly at those adolescents, and young adults who have not yet acquired what is after all, an unnecessary, expensive, and probably dangerous habit.

There was a welcome reduction in the number of deaths of infants under one year of age during the year, when 11 such deaths were registered. This is a reduction of 5 deaths on the 1955 total, and is the lowest figure so far recorded, the previous best being 13 deaths in 1954. The 1956 infant mortality rate for the Area was 15.8 per 1,000 live births, as compared with the national rate of 23.8. The highest rates in the Area were at Liskeard M.B. and Saltash M.B. whilst in Torpoint U.D. and Looe U.D. there were no infant deaths. Of the 11 deaths, no less than 8 were of infants under four weeks of age. In these 8 infants dying in the first hazardous days after birth the cause in 75% of the cases was prematurity. Whilst some of the premature births would have been

difficult or perhaps impossible to prevent, some at least might have been prevented by better ante-natal care of the expectant mother. In this connection it is worth remembering that whatever the National Health Service may offer through the family doctor, the midwife, and the ante-natal clinic, the co-operation, and understanding of the expectant mother is very important if the desired result — a normal birth at full-term is to be achieved. Pregnancy is in the great majority of cases a normal physiological process which ends in the birth of a healthy baby, but since in a small proportion of cases complications, and abnormalities do arise, it is never wise to take things altogether for granted. The observance of some simple, and not particularly irksome rules about, diet, rest, and relaxation, and clothing will do much to prevent the onset those difficulties which once established, and allowed to continue may result in stillbirth, or premature birth. In this Health Area, largely rural in character, the ante-natal clinic operating in one of the larger centres of population did not prove successful, and the provision of ante-natal care, and advice must therefore rest with the family doctor, and the district nurse/midwife.

For many years maternal mortality has been very much less of a problem than infant mortality, and it is now uncommon to find women dying as the result of childbirth. In the Health Area there was only one such death last year, and even this is above the average for the preceding five years in which three such deaths only occurred.

During the year 1956 the incidence of infectious disease, other than tuberculosis, was below average. The total number of cases notified was 480 as compared with an average of just over 900 for the six years immediately preceding. The most prevalent diseases in numerical order were measles with 241 cases, whooping cough with 111 cases, pneumonia with 70 cases, and erysipelas with 21 cases. Of the more serious infectious diseases there were 3 cases of poliomyelitis, 3 of encephalitis, and one of meningitis. None of these or indeed of the more common infectious diseases had a fatal outcome, and the 3 cases of poliomyelitis were of the non-paralytic variety. One of these was a summer visitor to Looe who was already suffering from the disease when she left her home in Manchester to travel to Cornwall.

In the early months of the year the parents of some 5,800 children born in the years 1947 to 1954 inclusive were written to, and asked to signify whether they wished to have their children registered for immunisation with a new British poliomyelitis vaccine which it was hoped would soon be available in limited quantities. Parents of 1,564 of these children agreed to register them — an acceptance rate of 27%. Subsequently in May and June with the

limited supply of vaccine provided, 178 children selected according to a plan given by the Ministry of Health were vaccinated without incident. It is not possible to express any useful opinion yet on the efficacy of this vaccine especially as the incidence of poliomyelitis in the country was relatively light during the summer, and autumn months of 1956, and children were therefore not exposed to a great deal of this infection. The acid test of this or any other vaccine against poliomyelitis will be its ability to protect vaccinated children in the face of moderate or heavy infection in their environment. We all fervently hope that this new measure against poliomyelitis will prove effective, as up to date all other measures tried have proved unreliable, and of little value.

Although the total incidence of new cases of tuberculosis during 1956 was below that of the previous year, the reduction occurred wholly in non-respiratory disease, the incidence of respiratory disease remaining at 28 cases as in 1955. One case only of non-respiratory tuberculosis was notified during 1956, and this is by far the lowest figure recorded for this disease since the Health Area was formed in 1948. Since most non-respiratory infections are due to the bovine type of tubercle bacillus, we have good reason to hope that as tuberculous cattle are eliminated from dairy herds this disabling and disfiguring disease once so common amongst children, and adolescents will largely disappear. Unfortunately the prospect for the more common form of tuberculosis — that which affects the lungs — is not nearly so bright. Respiratory tuberculosis has always been the more prevalent type of the disease, and since the human being is the reservoir of infection it is understandably much more difficult, to discover and control human sources of infection. Amongst those who give time and thought to the problem there is a growing belief that the largest part of the reservoir of infection lies in the older age-groups of the community i.e. from 45 years upwards. Many such people suffer from long-standing chest complaints — usually labelled as chronic bronchitis — which may mask the presence of tuberculous infection, or may through their chronic debilitating effect on the lung tissues, predispose to the lighting up of an old, and apparently healed focus of tuberculous infection, dating back perhaps to adolescent, or early adult life. In this connection it is worth reporting the result recently published of an investigation into a possible association between smoking, and respiratory tuberculosis. This showed that in both sexes patients of over 30 years of age with respiratory tuberculosis showed a highly significant deficiency of non-smokers, and light smokers, and an excess of moderate and heavy smokers when compared with control cases not suffering from tuberculosis. This suggests that smoking may be an important cause of the breakdown of healed, and quiescent respiratory tuberculosis in adults, especially those past middle age who have been smoking for many years. Whatever the cause or causes of respiratory tuberculosis infection in middle-aged and

elderly persons, it is generally difficult to persuade such persons of the desirability or necessity of having their chest condition properly investigated to exclude diseases such as tuberculosis, and cancer which are becoming more common in the later decades of life. The popular conception of tuberculosis is of a disease which affects adolescents and young adults, and it therefore is not surprising to find difficulty in convincing older persons of their liability to suffer from it, and of the necessity to undergo X-ray examinations, and sputum tests when their chest condition is not normal. It is a common experience to find when checking up on the contacts of newly discovered cases, that middle-aged or elderly relatives and friends of the patient who have had contact with him, are either reluctant, or refuse outright to have themselves investigated at the Chest Clinic. The fallacy of this outlook is illustrated by reference to the figures for new cases of respiratory tuberculosis notified during the three years 1954-1956 inclusive. Of the total of 81 such cases in the Health Area, no less than 32 were in the 45-65 year age group, and 9 were in the over 65 year age group. Thus just over 50% of the new cases notified in these three years were in middle aged, and elderly persons, and 6 of these were age 70 years and over. I hope that figures such as these will help to dispel any notion that respiratory tuberculosis is mainly a disease of the young, and will perhaps help to persuade those past middle age to co-operate more readily with those of us who are trying to eradicate this disease. They owe it not only to themselves so that if required they may be given treatment, but also to those with whom they associate, and whom they may unknowingly infect with tuberculosis.

The most striking feature of the years since 1946 has been the steady fall in the mortality from tuberculosis. Thus in 1948 when the No. 7 Health Area was constituted the number of deaths from this disease was 13, and this figure rose to 21 two years later in 1950. Since then it has shown a progressive, and welcome reduction until in 1956 it reached the record low figure of 1 death only. The principal credit for this happy state of affairs must go to the new highly effective range of drugs which are now available for the treatment of tuberculosis. Not only do they arrest the progress of the disease but they also shorten the duration of treatment under hospital conditions, and therefore allow a more rapid turnover of sanatorium beds. This in turn means that new patients can be more readily accepted for sanatorium treatment, and the great bugbear of the immediate post-war tuberculosis situation — the long wait for a bed in a sanatorium — has virtually disappeared. Since the prompt isolation and adequate treatment of the newly discovered case is an important factor in limiting the spread of tuberculosis, one may reasonably hope, and expect that improved methods of treating the disease will eventually bring about some reduction in the number of persons newly infected. We may also hope that this more effective treatment of tuberculosis will encourage cases to seek early advice,

and to persevere with treatment to a greater extent than in those not-so-distant times when the outlook in tuberculosis was so much more gloomy.

Some few years ago the Medical Research Council commenced a large-scale investigation into the use of B.C.G. vaccine in preventing tuberculous infection in adolescents. In February 1956 the first progress report was published. This showed that B.C.G. vaccination did confer a substantial degree of protection in adolescents, and it appeared that vaccination reduced the chances of contracting tuberculosis by about 80%, or to put it in another way, of every five cases of tuberculosis appearing in unvaccinated adolescents, four might have been prevented by B.C.G. vaccination. The County Medical Officer has since 1954 operated a scheme for giving B.C.G. vaccine to adolescents in the school-leaving age group who after appropriate tests were found to need it. The response of parents to this scheme has on the whole been very good, and by the time the last series of testing, and vaccination sessions were held in November 1956 a total of 1,658 school-leavers had been vaccinated in No. 7 Health Area.

The welfare of old persons continued to cause some anxiety during the year. The difficulties of dealing with old people arises not so much from shortage of suitable welfare, and hospital accommodation — although during the winter these are only just adequate — as to the reluctance, or outright refusal of some of them to agree to move into an institution or hospital where they can be cared for. No doubt much of their obstinacy stems from a natural sense of independence commoner in a generation which grew up and formed its values before the advent of the Welfare State, whilst in many the dulling of their critical faculties by advancing years makes them unable, and unwilling to appreciate the deterioration which has taken place in their personal standards of living, of cleanliness and of their conduct towards the rest of the community in which they live. In fairness to the general body of elderly people I must make it clear that the old persons referred to above are in the minority. The great majority of old persons live under reasonable conditions in their own homes, with relatives, or in eventide homes or institutions, and cause little or no concern to anyone. On the other hand the few recalcitrant, and unreasonable characters which do exist, can cause trouble, and anxiety to their neighbours, and to the welfare services out of all relation to their actual numbers. I am aware that powers exist under which such cases can be taken before the local Court of Summary Jurisdiction, but I am very reluctant to recommend District Councils to take this course of action, and they are understandably equally reluctant to authorise the taking of such action. Apart from the possibility that the Court may have to deprive the old person of his liberty, he is in any event exposed to the publicity which almost inevitably accompanies the taking of the

cases before the Bench. In this latter connection I feel that such cases might be more expeditiously, and humanely dealt with if the procedure used for mentally ill people — the consideration of the case out of Court by one or two Justices — were adopted, particularly as some of the cases concerned display eccentricities of behaviour, and confusion of thought, which if not calling for action under mental health legislation do suggest some deterioration in mental faculties.

In spite of the various difficulties encountered in this field during the year, it was not found necessary to take action under the National Assistance Act, 1948, to seek the compulsory removal of any old person to an institution or a hospital.

The Food Hygiene Regulations 1955, which were laid before Parliament in December 1955, came into operation on 1st January, 1956. There was some feeling of disappointment amongst public health workers that the new regulations did not give all the powers that seemed necessary to secure, and maintain good standards in this important aspect of their work. In addition it was not very long before certain ambiguities, and difficulties of interpretation of parts of the regulations became evident which are likely to reduce the effectiveness of these regulations. Another source of disappointment was the failure of the regulations to provide for compulsory registration of food premises with the Local Authority, in this case the County District Council. As long ago as 1951 when the Report of the Catering Trade Working Party was published, the Local Authority and Public Health representatives on the Working Party urged that catering establishments should after adequate inspection, and providing they came up to an agreed standard, be registered. On the other hand the Catering Trade representatives pressed for registration "as of right". Although the two parties did not agree about the way in which registration should be effected, both appeared to consider that it was desirable. It is therefore surprising to find that when the long-awaited new regulation did appear, there was no reference to any type of registration, even for catering establishments in which mediocre, or poor standards of premises, and equipment make it difficult for reasonable standards of food hygiene to be maintained. There are in this Area catering establishments where because of the limited space available, both inside, and around the buildings, rooms for storage, and preparation of food are inadequate in size, and badly ventilated, and garbage, and waste food bins have to be stored in the same room in which food is prepared, cooked, and served. As the law stands at the moment there is little the Local Authority can do to ensure such premises are used to the best advantage of the public who use them and have the right to expect that the food prepared in them will be hygienically handled, wholesome and free from infection. In spite of the defects in the regulations which I have referred to, they do represent an improvement

on the provisions of Food and Drugs Act, 1938, and it has been possible by recourse to them to secure better conditions in the great majority of premises in which food is handled, prepared, and sold. In general owners and managers of food businesses have been helpful, and co-operative in carrying out alteration, additions and works necessary to bring their premises up to the required standard.

During 1956, in spite of the great influx of holidaymakers into the Area, with the resultant large expansion in the catering trade, four cases only of food poisoning were notified. These were amongst visitors who were moving about a good deal, and there was no indication as to where the infection was contracted. I have in previous years written of the importance of maintaining good standards in the holiday catering industry, which is after all one of Cornwall's principal sources of employment and income. At the risk of appearing tedious or repetitive I should again like to draw the attention of all concerned in this trade to the necessity of continuing to maintain the highest possible standards in spite of the difficulties which I know they have to contend with in a trade which because of its seasonal nature has to employ considerable numbers of semi-skilled, and unskilled workers.

The main activity in the field of water supply has again been in the vicinity of Liskeard where work on the new intake main from the River Fowey to St. Cleer, and on the new treatment plant and storage reservoirs on St. Cleer Downs for the Liskeard and District Water Board continued, and made good progress. Whilst the Water Board was undertaking this work, the Liskeard Rural District Council proceeded with a comprehensive scheme of laying water mains in the southern, and south-western parts of the Rural District. These mains will be ready to function as soon as the bulk supply of treated water becomes available at the Water Board's new works on St. Cleer Downs — probably in the early autumn of 1957. This new supply when it becomes available will prove a great boon to farms, and private dwellings which up to now have been dependent on local sources liable to failure in dry spells, and of doubtful purity. Towards the end of the year notification was received of the proposal to hold an enquiry into a further section of the scheme to bring piped water to that part of the Rural District lying to the north and north-east of the main works at St. Cleer. In parts of the Area other than the Liskeard Rural District supplies of water were generally adequate and of good quality, and apart from minor problems of distribution, no real difficulties arose. During the latter part of the year discussions between the South East Cornwall Water Board and the Liskeard and District Water Board with a view to examining and integrating policy on water supply in this part of the County were initiated. I sincerely hope that these discussions will lead to the most effective use of available sources of supply, and to the widest possible distribution of pure piped water in South-East Cornwall.

Apart from repairs and improvements to existing local sewage disposal schemes, the only noticeable activity in this field was the completion of the second and final stage of the scheme to serve the large village of St. Germans. The large-scale scheme for the town of Callington, submitted to the appropriate Ministry at the end of 1955, was finally approved in November 1956 and there is now every reason to hope that a start on actual constructional work will be made in the early summer of 1957. In the Liskeard Rural District schemes to deal with sewage in five villages which were examined and approved in principle by the Ministry as long ago as 1953/54 are still awaiting permission for work to commence on them. Enquires into ways and means of dealing with sewage disposal in the Borough of Liskeard continued and it appears that it may soon be possible to prepare a final scheme to deal with the large-scale and increasing nuisance caused by the discharge of crude sewage into the East Looe river.

In concluding this general preface to my Annual Report for 1956 I should again like to express my gratitude for the help and ready co-operation I have at all times received from the various Officers of the District Councils I serve and particularly the Public Health Inspectors with whom I have worked in the closest harmony throughout the year. I should also like to thank the Members of the Councils for the support and encouragement I have had during the year and without which it would have been difficult if not impossible to carry out my duties and obligations to the Public Health Service.

I have the honour to be,

Your Worship, Ladies and Gentlemen,

Your obedient Servant,

P. J. FOX,
Medical Officer of Health.

STAFF

(1) *Medical Officer of Health :*
P. J. FOX,
M.B., B.CH., B.A.O., D.P.H.

(2) *Public Health Inspector :*
J. MARTIN,
M.A.P.H.I., M.R.S.H., M.R.I.P.H.H.

(3) *Clerk :*
P. M. WHELL (Mrs.)

(4) *Operative :*
T. M. KELLY.

SECTION A.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA

Area of Borough	...	...	...	6,257 acres
Registrar-General's Estimate of Resident Population	...	...	...	7,490
Number of Inhabited Houses	...	...	...	2,370
Rateable Value	...	...	...	£81,687
Sum Represented by Penny Rate	...	...	...	£221. 2s. 11.930d.

Vital Statistics for 1956.

	Male	Female	Total
Live Births	71	43	114

	Saltash M.B.	Health Area No. 7	England & Wales
Birth rate per 1,000 of population	15.8	15.1	15.7

	Male	Female	Total
Still Births	1	-	1

	Saltash M.B.	Health Area No. 7	England & Wales
Still birth rate per 1,000 total births	8.7	19.7	23.0

	Male	Female	Total
Deaths	58	53	111

	Saltash M.B.	Health Area No. 7	England & Wales
Death rate per 1,000 of population	12.6	11.3	11.7

Maternal deaths ... None registered.

	Male	Female	Total
Deaths of infants under 1 year of age	1	3	4

	Saltash M.B.	Health Area No. 7	England & Wales
Infant mortality rate per 1,000 live births	35.1	15.8	23.8

Principal Causes of Death at All Ages

Heart disease ...	...	...	...	...	34
Cancer (all sites)	...	...	...	...	22
Respiratory disease	...	...	...	...	15
Vascular lesions of the nervous system ("stroke")	...	...	...	...	10
Circulatory disease	...	...	...	...	6
Genito-urinary disease	...	...	...	...	4

Average Age at Death

Males	Females
69	69

There was a very small excess of births over deaths during the year. The marked excess of male births over female births is unusual. An increase of 2.5 per 1,000 in the death rate made the rate for 1956 higher than that of the Health Area, and the country as a whole. The infant mortality rate was also above the local and national figures. Heart disease was again the most prevalent cause of death, and there was a small increase in the number of deaths attributed to cancer. The average age at death fell slightly for both males and females. Of those dying during 1956, some 45% had attained the age of 75 years or over at the time of death. For the third successive year there were no deaths attributable to pregnancy and childbirth.

SECTION B.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA

1. Particulars of the Public Health Officers of the Authority :

These particulars are incorporated at the beginning of the Report.

There was no change of staff during the year.

2. Committees :

The following Committees are concerned with matters of Public Health :—

HOUSING COMMITTEE,
PUBLIC HEALTH AND HIGHWAYS COMMITTEE.

3. National Assistance Act, 1948, Section 47 :

This section relates to the removal to suitable premises of persons who

- (a) are suffering from grave chronic disease, or being aged, infirm or physically incapacitated are living in insanitary conditions ; and
- (b) are unable to devote to themselves and are not receiving from other persons proper care or attention.

No action under this section was called for during the year.

4. National Assistance Act, 1948, Section 50 :

It is the duty of the Local Authority under this section to bury the body of any person who has died or been found dead in the area in cases where it appears that no suitable arrangements for the disposal of the body have been or are being made.

No burials were carried out under this section during the year.

SECTION C.

PUBLIC HEALTH CIRCUMSTANCES OF THE AREA

(NOTE : The Borough Surveyor — Mr. A. de Barr, A.M.I.C.E., M.I.Mun.E., has kindly supplied certain information contained in this section.)

1. Water Supply :

(a) Quality :

Water continues to be supplied from two main sources — the Plymouth Corporation's Waterworks at Burrator, and the South East Cornwall Water Board's Works at Kit Hill. The quality of water received from both these sources has remained highly satisfactory.

Samples of water for bacteriological examination were taken regularly during the year from both supplies. A total of 26 such samples was obtained. The reports on 24 of the samples were as follows :—

“ Probable number of coliform bacilli, MacConkey 2 days 37°C.— nil per 100 ml.

Highly satisfactory — Class 1.”

In the case of the remaining two samples, examination showed that the probable number of coliform bacilli, per 100 ml. was, in the first sample — 2, and in the second sample — 5. In neither case was the existence of coliform organisms of the faecal type detected.

In the outlying areas of the Borough the inhabitants still had to rely on shallow wells for their water supply. During the year 20 samples were obtained from these wells and submitted for bacteriological examination. The reports on 2 of the samples were as follows :—

“ Probable number of coliform bacilli, MacConkey 2 days, 37° C.— nil per 100 ml. Equivalent in standard to a Class 1 piped supply and therefore satisfactory.”

In the case of the remaining 18 samples, examination revealed the existence of coliform bacilli which ranged in number from 14 to over 1,800 per 100 ml. Coliform organisms of the faecal type were also detected in each case.

Owing to the unsatisfactory nature of the water from communal wells at Butts, Trehan and Trematon, notices were erected warning the public to boil the water before using it for drinking purposes.

Water from communal wells at Voss Road and Elm Gate continued to be chlorinated by the Council and stored in 100 gallon

tanks ready for use. 20 samples were taken from these tanks and submitted for bacteriological examination. The reports on 15 of these samples were as follows :—

“ Probable number of coliform bacilli, MacConkey 2 days, 37°C.— nil per 100 ml.

Equivalent in standard to a Class 1 piped supply and therefore very satisfactory.”

In the case of the 5 other samples examination showed that the probable number of coliform bacilli per 100 ml. ranged from 2 to 1,600 per 100 ml. In three cases coliform organisms of the faecal type were detected. These unsatisfactory samples were taken during temporary breakdowns in the chlorination arrangements.

(b) Quantity :

An ample quantity of water has continued to be available from both main sources. During the year under review 102,000,000 gallons were supplied by the Plymouth Corporation and 7,250,000 gallons by the South East Cornwall Water Board. Compared with previous year (1955) there was an increase of 4,826,000 gallons in the Plymouth Corporation supply, and a decrease of 1,348,000 gallons in the South East Cornwall Water Board supply.

No restrictions were placed on the use of mains water during the year. This was, no doubt, due to the high summer rainfall.

In the outlying areas of the Borough most of the shallow wells gave a fairly adequate and constant supply. In some cases, however, in spite of the high summer rainfall, it was again necessary to deliver water by carrier.

A scheme to provide mains water to these outlying areas was approved in principle by the Minister of Housing and Local Government in July. This scheme, the estimated total cost of which is £33,000 involves the laying of 6½ miles of 4" and 3" water main and the construction of a reinforced concrete service reservoir 110,000 gallons in capacity. The scheme will be put in hand early in 1957.

(c) Plumbo-Solvency :

The total hardness of water supplied is :—

(i) Plymouth Corporation — 1 p.p.h.t.

(ii) South East Cornwall
Water Board — 3 p.p.h.t.

Water from both main sources has little or no action on lead. No cases of lead poisoning were reported.

(d) Proportion of Population supplied from Public Water Mains :

The proportion of the population supplied from public water mains direct to dwelling-houses is approximately 95%. The proportion supplied by means of stand-pipes is negligible.

2. Drainage and Sewerage :

One major improvement in the sewerage system was carried out during the year. For some time the 12" main sewer serving the Burraton area had proved to be inadequate during periods of heavy rainfall. It was, therefore, found necessary to construct a storm-water overflow chamber on this sewer at a point below Homer Park. The chamber is designed to operate at six times the ordinary dry weather flow, the storm-water being diverted into a near-by stream.

3. Sewage Disposal :

The disposal of sewage is effected by means of five outfalls into the river Tamar and one outfall into the river Lynher. Only in one case, however, does sewage receive any form of treatment. In the five other cases crude, untreated sewage continues to be discharged directly into the rivers. This is a public health problem of some significance, but one which will not be resolved until circumstances and the Council's resources permit the introduction of a scheme for the proper treatment of sewage flowing from all discharge points.

4. Closet Accommodation :

The position remains substantially the same. The provision of water closets, and of water carriage systems of drainage in certain outlying areas will not be possible until the mains water supply is available. No cases of conversion are known during the year under review.

5. Public Cleansing :

(a) Refuse Collection :

One lorry, with a crew of four, continued to be employed in the collection of refuse. This vehicle, which was over ten years old, had become dilapidated and unreliable. In November the Council decided that it should be replaced by a modern rear-loading type. The new vehicle will have a greater cubic capacity and will provide accommodation for an additional loader. This will enable dustbins to be carried directly to the lorry, thus eliminating the original unsatisfactory " skip " system.

The frequency of collection is once fortnightly in the outlying areas, once weekly in the central area, and twice weekly in the case of food shops.

(b) Refuse Disposal :

Refuse is disposed of by controlled tipping at the Salt Mill Tip. At times during the year difficulty was experienced in maintaining an adequate cover for organic refuse. This was entirely due to the lack of suitable sealing material. Regular measures were taken for the extermination of rodents, and during the summer months the tip was treated with approved dressings to secure the elimination of flies and other insect pests.

(c) Street Cleansing :

Four men with orderly barrows are regularly employed in street sweeping. The frequency varies between twice daily, and once weekly according to the type of street.

A privately operated vacuum exhaustor continues to be used when required for the emptying and cleansing of street gullies.

(d) Cesspool Emptying :

When required, a cesspool emptying vehicle is hired from a neighbouring authority.

6. Public Conveniences :

Male and female public conveniences are provided at :—

Alexandra Square,
Burraton Sports Field,
Ferry Waiting Room,
Longstone Park,
St. Stephen's Church, and
Warfelton Sports Field.

7. Salvage :

The collection and recovery of paper, textiles and metals continued during the year but on a reduced scale due to the fall-off in demand. Receipts from the sale of these materials were as follows :

			£	s.	d.
Paper ...	...	...	45	19	9
Textiles	...	...	9	2	4
Metals	...	...	68	0	9
Total receipts ...			£123	2	10

8. Public Health Inspection of the Area :

The inspection of all districts of the Borough was regularly carried out by the Public Health Inspector. During the year under review visits and inspections were made by him in connection with :

			No.
Individual unfit houses	...	...	106
Houses in proposed clearance areas	...	...	117
Council house management	...	...	144
Insect infestation	...	...	2
Drainage and sewerage	...	...	10
Sewage disposal	...	...	7
Food premises	...	...	110
Milk distributors	...	...	21
The slaughterhouse	...	...	140
Shops	...	...	41
Factories	...	...	25
Outworkers	...	...	2
Places of entertainment	...	...	2
Moveable dwellings	...	...	18
Water supply	...	...	69
Pet shops	...	...	2
Aged persons	...	...	16
Smoke abatement	...	...	3
General nuisances	...	...	11
Offensive accumulations	...	...	3
Ditches and streams	...	...	4
Overcrowding	...	...	1
Slaughter of animals	...	...	3
Underground rooms	...	...	2
			<hr/>
			859
Other visits (unclassified)	...	...	39
			<hr/>
			898
			<hr/>

9. Factories Act, 1937 :

Co-operation has been maintained with H.M. Inspector of Factories in the exercise of the provisions of the Act.

The following table gives the number of factories in the Borough, details of inspections made by the Public Health Inspector and the number of defects found.

(i) Inspections.

Premises	Number on Register	Number of		
		Inspections	Written Notices	Occupiers Prosecuted
Factories in which Sections 1, 2, 3, 4 and 6 are enforced by the Local Authority ...	5	7	—	—
Factories not included above in which Section 7 is enforced by the Local Authority ...	16	18	—	—
Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises) ...	—	—	—	—
Total	21	25	Nil	Nil

(ii) Cases in which Defects were Found.

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred		
			To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1)	4	1	—	—	—
Overcrowding (S.2).	—	—	—	—	—
Unreasonable temperature (S.3).	—	—	—	—	—
Inadequate ventila- tion (S.4) ...	—	—	—	—	—
Ineffective drainage of floors (S.6) ...	—	—	—	—	—
Sanitary Conveniences (S.7)—					
(a) Insufficient ...	—	—	—	—	—
(b) Unsuitable or defective ...	2	1	—	—	—
(c) Not separate for sexes ...	—	—	—	—	—
Other offences against the Act (not including offences relating to Outwork) ...	—	—	—	—	—
Total ...	6	2	Nil	Nil	Nil

The accompanying table gives details of outworkers employed in the Borough.

Nature of work	Section 110			Section 111		
	No. of out-workers in August list required by Sect. 110(1)(c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome Premises	Notices served	Prosecutions
Wearing Apparel Making, etc. ...	2	—	—	—	—	—

10. Shops Act, 1950 :

41 routine inspections of shops were made under this Act during the year. Three contraventions were discovered all of which were remedied after informal action.

11. Pet Animals Act, 1951 :

This Act requires all shops selling pet animals to be licensed by the Local Authority. One application was received during the year. The licence was subsequently granted.

12. Insect Control :

Premises found to be infested with bugs, fleas or other domestic pests continued to be disinfested by the Council free of charge.

13. Rodent Control :

The control of rodents has been carried out on the lines laid down by the Ministry of Agriculture, Fisheries and Food under the supervision of the Public Health Inspector.

The following table gives details of inspection and treatments made during the period 1st April 1956 to 31st March, 1957.

		TYPE OF PROPERTY				
		Non-Agricultural				Agricultural
		1	2	3	4	
		Local Authority	Dwelling Houses (inc. Council Houses)	All Other (including Business Premises)	Total of Cols. (1), (2) & (3)	
Number of properties in Local Authority's District ...		13	2,370	281	2,664	76
Number of properties inspected as a result of :						
(a) Notification ...	Nil	41	4	45	9	
(b) Survey under the Act ...	7	217	38	262	67	
(c) Otherwise (e.g. when visited primarily for some other purpose) ...	Nil	225	110	335	Nil	
Number of properties inspected which were found to be infested by :						
(a) Rats { Major ...	Nil	Nil	Nil	Nil	Nil	Nil
{ Minor ...	7	55	5	67	40	
(b) Mice { Major ...	Nil	Nil	Nil	Nil	Nil	Nil
{ Minor ...	Nil	82	13	95	4	
*Number of infested properties treated by the L.A. ...		7	137	18	162	44

*N.B.—These figures do not include re-treatments.

SECTION D.

HOUSING

1. Demolition of Unfit Houses :

No unfit houses were demolished during the year. Work commenced, however, on the implementation of the first stage of the Council's five-year programme for slum clearance. The following three areas (comprising 27 dwellings) were declared to be clearance areas :—

The Waterside Clearance Area Number 1 — (16 dwellings).

The Waterside Clearance Area Number 2 — (7 dwellings).

The St. Stephens Road Clearance Area Number 1
— (4 dwellings).

On the 13th March the Council made a Compulsory Purchase Order (the Borough of Saltash (Waterside) Compulsory Purchase Order No. 1. 1956) in respect of the two Waterside Areas, and on the 8th May, a Compulsory Purchase Order (the Borough of Saltash (St. Stephens Road) Compulsory Purchase Order No. 2. 1956) in respect of the St. Stephens Road Area. Formal objections, however, were made by certain property owners against both orders. The Minister of Housing and Local Government held a public local enquiry on the 14th August to investigate these objections, but the two compulsory purchase orders were subsequently confirmed by him without modification.

2. Closure of Unfit Houses :

No unfit houses were closed for human habitation during the year.

3. Repair of Unfit Houses :

Twenty-three unfit houses were made fit by the respective owners as a result of informal action by the Borough Council. No formal notices were served.

4. Certificates of Disrepair :

No applications for certificates of disrepair, nor any applications for the revocation of certificates of disrepair, were received during the year.

5. Improvement Grants :

Twelve applications for improvement grants were received. Each application was approved by the Council, but grants were subsequently made in only nine cases.

Since the passing of the Housing Act, 1949, to the end of the year under review, a total of 25 applications was received by the Council, 22 of which were approved. Grants were subsequently

made in 19 cases. During this period the average cost of works approved per dwelling was £372 and the average amount of grant paid by the Council was 41%.

6. New Houses :

(a) Local Authority :

One further block of flats (comprising four one-bedroom and four two-bedroom flats) was completed during the year at Grenfell Avenue. No further accommodation for ordinary housing purposes is to be built by the Council for the time being owing to the abolition of Government subsidies.

Work commenced, however, on the third extension of Grenfell Avenue where forty dwellings (16 one-bedroom flats, 16 two-bedroom flats and 8 three-bedroom houses) are to be built to provide accommodation for families displaced from their homes under the Council's slum clearance scheme.

The following table gives details of all dwellings constructed by the Council to the end of the year under review.

Location	Total Number of Dwellings	HOUSES			FLATS				Year of Completion (Post-War)
		2 Bedrooms	3 Bedrooms	4 Bedrooms	1 Bedroom	2 Bedrooms	3 Bedrooms	PRE-FABS. 2 Bedrooms	
Lander Road ...	38	—	38	—	—	—	—	—	
Newman Road ...	36	—	36	—	—	—	—	—	
Moorland View ...	22	—	6	—	—	16	—	—	
Glanville Terrace ...	14	—	6	—	—	8	—	—	
Moorlands Lane ...	10	—	10	—	—	—	—	—	
Warfelton Crescent ...	72	—	36	2	—	34	—	—	
Pre-War Total ...	192	—	132	2	—	58	—	—	
Kimberley Square ...	27	—	—	—	—	—	—	27	1946/7
Warfelton Bungalows ...	9	—	—	—	—	—	—	9	"
Moorland Bungalows ...	4	—	—	—	—	—	—	4	"
Alamein Road ...	93	—	81	—	—	12	—	—	1946/8
Montgomery Close ...	19	—	19	—	—	—	—	—	"
Tobruk Road ...	6	—	6	—	—	—	—	—	"
Church Road ...	5	—	5	—	—	—	—	—	"
Ashtor Wharf ...	2	—	—	—	—	1	1	—	1946
Mulberry Road ...	32	—	24	—	4	4	—	—	1949/50
Plough Green ...	8	8	—	—	—	—	—	—	1951
Liskeard Road ...	8	8	—	—	—	—	—	—	1951
Warraton Close ...	17	14	1	2	—	—	—	—	1951/2/3
Warraton Road ...	16	16	—	—	—	—	—	—	1952
Callington Road ...	7	—	1	2	—	—	4	—	1952/3
Grenfell Avenue ...	34	10	—	—	12	12	—	—	1952/4/6
	479	56	269	6	16	87	5	40	

(b) Private :

11 new dwellings were constructed during the year.

7. Management of Council Houses :

The following tables give statistical information concerning the management of Council houses during the year under review.

(a) Number of persons on list of applicants at 1st January, 1956 :

(i)	Requiring accommodation with 1 bedroom	...	...	51
(ii)	„ „ „ 2 bedrooms	...	...	76
(iii)	„ „ „ 3 bedrooms	...	...	23
(iv)	TOTAL	...	...	<u>150</u>

(b) Number of persons on list of applicants at 31st December, 1956 :

(i)	Requiring accommodation with 1 bedroom	...	...	52
(ii)	„ „ „ 2 bedrooms	...	...	65
(iii)	„ „ „ 3 bedrooms	...	...	28
(iv)	TOTAL	...	...	<u>145</u>

(c) Net decrease of applicants during 1956 :

... 5

(d) Number of new applications received during 1956 :

(i)	Requiring accommodation with 1 bedroom	...	...	17
(ii)	„ „ „ 2 bedrooms	...	...	21
(iii)	„ „ „ 3 bedrooms	...	...	6
(iv)	TOTAL	...	...	<u>44</u>

(e) Number of applicants re-housed during 1956 :

(i)	Into accommodation with 1 bedroom	...	...	3
(ii)	„ „ „ 2 bedrooms	...	...	11
(iii)	„ „ „ 3 bedrooms	...	...	10
(iv)	TOTAL	...	...	<u>24</u>

(f) Number of persons removed from list of applicants during 1956 :

(i)	Requiring accommodation with 1 bedroom	...	...	13
(ii)	„ „ „ 2 bedrooms	...	...	8
(iii)	„ „ „ 3 bedrooms	...	...	4
(iv)	TOTAL	...	...	<u>25</u>

(g) Number of persons on list of applicants at 31st December, 1956 who will be re-housed under the Five Year Programme for Slum Clearance :

(i)	Requiring accommodation with 1 bedroom	...	...	5
(ii)	„ „ „ 2 bedrooms	...	...	16
(iii)	„ „ „ 3 bedrooms	...	...	11
(iv)	TOTAL	...	...	<u>32</u>

(h) Number of tenants transferred to different accomodation during 1956 :

... .. 25

(i) Applications for permission to accommodate lodgers :

(i)	Applications received during 1956	...	...	28
(ii)	Number of cases in which permission was granted unconditionally	...	...	16
(iii)	Number of cases in which permission was granted for specific period	...	...	8
(iv)	Number of applications refused	...	...	4

(j) Visits made during 1956 by Public Health Inspector in connection with Housing Management :

(i)	To Applicants for Council accommodation	...	...	114
(ii)	To Tenants requiring transfers	...	...	8
(iii)	To Tenants making application for permission to accommodate Lodgers	...	...	20
(iv)	Other visits	...	...	2
(v)	TOTAL	...	...	<u>144</u>

It will be seen from table ' C ' that there was a small decrease during the year in the number of persons on the list of applicants. This was due mainly to a partial revision of the list which resulted in a relatively large number of redundant applications being cancelled. It must be borne in mind, however, that the number of new applications received during the year exceeded the number of persons rehoused by twenty. This indicates that there was a further deterioration in the general housing situation.

Of the twenty-four applicants rehoused during the year, seven were rehoused in the new block of flats at Grenfell Avenue, the remaining seventeen being rehoused in casual vacancies. The number of such vacancies occurring during the previous year was twenty-five. There was thus a decrease in the year under review of eight. If this trend continues many of the present applicants will have little hope of being rehoused for several years.

The most pressing demand is still from young married couples with one or two children. The demand for accommodation with three bedrooms, however, has fallen so sharply that it will be necessary in the near future to utilise such accommodation for couples with only one child.

An urgent need for specially designed flatlets for old age pensioners still exists. There are many elderly applicants on the Council's list some of whom are living under most difficult and depressing circumstances. It is a fact that the Council has virtually no accommodation available for such applicants. The erection, therefore, of a small number of flatlets containing perhaps one bed-sitting room, a kitchen and a bathroom would enable at least some of these old age pensioners to spend their latter years in comfort.

SECTION E.

INSPECTION AND SUPERVISION OF FOOD

1. Milk :

(a) Source of Supply :

Milk supplied to the town is obtained from private producers and from a pasteurising establishment. The supervision of the production of milk continues to be in the hands of the Ministry of Agriculture, Fisheries and Food. The pasteurising establishment is inspected and controlled by officers of the County Council.

(b) Milk Distribution :

Sixteen persons are registered as distributors of milk.

Since the Milk (Special Designations) (Specified Areas) No. 2, Order, 1955, came into operation on the 6th December, 1955, only specially designated milk, i.e. tuberculin-tested, pasteurised or sterilised milk has been permitted to be sold within the Borough. A number of producer-retailers who had previously sold undesignated milk now obtain bottled, pasteurised milk from the local pasteurising establishment. The bringing into operation of the 1955 Order marks a very real advance in the efforts being made to secure the elimination of milk-borne disease.

Ten samples of tuberculin-tested milk and eleven samples of pasteurised milk were taken from local distributors, and submitted to the Public Health Laboratory for examination. The reports in every case were satisfactory.

(c) The Milk (Special Designation) (Pasteurised and Sterilised Milk) Regulations, 1949 and 1950 :

Sixteen dealer's licences authorising the use of the special designation " Pasteurised " were issued during the year.

Two supplementary licences authorising the use of the special designation " Pasteurised " were also issued.

(d) The Milk (Special Designation) (Raw Milk) Regulations, 1949 and 1950 :

Fifteen dealer's licences authorising the use of the special designation " Tuberculin Tested " were issued during the year.

2. Meat :

(a) Slaughter-Houses :

One private slaughter-house is licensed in the Borough. Two local butchers and one butcher whose retail premises are situated in the St. Germans Rural District regularly use this slaughter-house.

(b) Slaughter-Men :

There are seven persons licensed to slaughter animals.

(c) Meat Inspection :

All animals slaughtered are inspected according to the methods and criteria of meat inspection recommended by the Ministry of Food in Memorandum 3/Meat. The following table gives details of inspections made during the year :—

	Cattle Excluding Cows	Cows	Calves	Sheep and Lambs	Pigs	Horses
Number killed (if known)...	248	4	4	589	5	—
Number inspected ...	248	4	4	589	5	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCOSIS :						
Whole carcasses condemned ...	1	—	—	3	—	—
Carcases of which some part or organ was condemned ...	65	3	—	8	1	—
Percentage of the number inspected affected with disease other than tuber- culosis and cysticerci ...	26	75	—	2	20	—
TUBERCULOSIS ONLY :						
Whole carcasses condemned ...	—	—	—	—	—	—
Carcases of which some part or organ was condemned ...	3	—	—	—	—	—
Percentage of the number inspected affected with tuberculosis ...	1	—	—	—	—	—
CYSTICERCOSIS :						
Carcases of which some part or organ was condemned ...	1	—	—	—	—	—
Carcases submitted to treatment by refrigeration ...	—	—	—	—	—	—
Generalised and totally condemned ...	—	—	—	—	—	—

3. Ice Cream :

Seventeen premises are registered under section 16 of the Food and Drugs Act, 1955, for the storage and sale of ice-cream, and one for the manufacture, storage and sale of ice-cream. The supervision of these premises has been carefully maintained during the year.

Twelve samples of ice-cream (all hot mix) were obtained from local retailers and submitted for bacteriological examination. The Public Health Laboratory Service reports on these samples were as follows :—

Provisional Grade 1	...	10
Provisional Grade 2	...	1
Provisional Grade 3	...	1

4. Other Foods :

The following food-stuffs (other than fresh meat) were found to be unfit for human consumption and were surrendered voluntarily :—

				Weight	
				lbs.	ozs.
Canned Vegetables	...	...	...	18	3
Canned Milk	...	...	...	7	8
Canned Fruit	...	...	...	90	10
Canned Meat	...	...	...	254	7
Canned Soup	...	...	...	1	0
Canned Fish	...	...	...	6	11
Canned Preserves	...	...	...	16	0
Dried Fruit	...	...	...	11	8
Raising Powder	...	...	...		8
Coffee	...	...	...	28	0
Bacon	...	...	...	20	0
Total weight surrendered				...	454 7

5. Food Premises :

(a) The number of Food Premises in the Area, by type of business :

Grocers	...	...	...	21
Bakers and Confectioners	...	...	...	5
Butchers	...	...	...	7
Cafés and Restaurants	...	...	...	4
Fish Fryers	...	...	...	3
Fishmongers	...	...	...	3
Greengrocers	...	...	...	4
Dairy	...	...	...	1
Distributors of Milk	...	..	...	16
Licensed Premises	...	...	...	10

(b) The number of Food Premises, by type, registered under the Food and Drugs Act, 1955, Section 16 :

(i) Ice Cream :

Grocers	...	...	...	...	11
Bakers	...	...	...	...	3
Cafés	...	...	...	...	3
Mixed Premises	...	...	...	...	1
					<hr/>
					17
					<hr/>

(ii) Other :

Butchers (Sausage making)	...	...	...	...	7
Fish Fryers	...	...	...	...	3
					<hr/>
					10
					<hr/>

(c) Food Hygiene Regulations, 1955 :

These Regulations, which came into force partly on the 1st January, 1956, and partly on the 1st July, 1956, considerably extend the control by local authorities over food establishments. The new Regulations apply to a much wider range of premises than hitherto, as their provisions must be complied with in relation to all premises where a " food business " is carried on.

Detailed requirements are laid down in respect of the following matters :—

1. The cleanliness of food premises, equipment and containers.
2. The prohibition of the preparation or packing of food for reward on domestic premises, other than those of the person carrying on the business.
3. The protection of food from the risk of contamination.
4. The personal cleanliness of all persons engaged in the handling of food.
5. The carriage and wrapping of " open food " (i.e. food not contained in a container of such materials and so closed, as to exclude all risk of contamination).
6. Persons engaged in the handling of food who are suffering from certain infections.
7. The soil drainage systems, water cisterns, and sanitary conveniences for food premises.
8. The provision of a clean, wholesome, adequate and constant water supply.
9. The provision of wash hand basins and washing facilities for persons engaged on the handling of food.
10. The provision of first-aid materials and of locker or other accommodation for the clothing of food handlers.

11. The provision of facilities for the washing of food and equipment.
12. The lighting, ventilation, siting (in relation to sleeping places), cleanliness and repair of food rooms.
13. The temperature at which certain foods, such as meat and fish, may be kept.
14. The repair and maintenance of food stalls and vehicles and the washing and other facilities to be provided.
15. The means of transport of meat, and the overalls and head coverings to be worn by persons carrying meat.

The local authority is, however, empowered to grant certificates of exemption from the requirements of certain regulations if they are satisfied that it is reasonable to do so by reason of restricted accommodation or other special circumstances affecting the premises.

In the event of any breach of the Regulations, the offender is liable to quite severe penalties.

A meeting attended by all the Public Health officials in the County Health Area No. 7, was held during the year at Liskeard. This meeting devised and adopted a standard code of practice to be followed in the administration and enforcement of the Regulations throughout the Area. This should help to counter any suggestion or allegation that the Regulations are being interpreted differently in adjoining county districts.

A survey of all food premises in the Borough was commenced towards the end of the year under review. After a detailed inspection has been made of his premises each proprietor or occupier is informed in what respects they fail to comply with the Regulations and given advice on the best methods of securing compliance.

6. Educational Activities :

Several lectures were given by the Public Health Inspector to local organisations on the subject of food hygiene. In particular a talk was given to the Saltash Chamber of Trade and Commerce explaining the provisions of the Food Hygiene Regulations, 1955.

Use was also made of the County Health Department's film strip library in illustrating some of these talks.

7. Method and Disposal of Condemned Food :

All unfit food stuffs are disposed of by burial at the Salt Mill controlled Tip. Meat found to be unfit at the slaughter house is stained with liquid acid green before removal.

8. Food Poisoning Outbreaks :

No cases of food poisoning were notified during the year.

SECTION F.

PREVALENCE OF AND CONTROL OVER INFECTIOUS AND OTHER DISEASES

1. Notifiable Diseases (other than Tuberculosis) :

The year 1956 again showed a relatively light incidence of these diseases. Of the total of 121 cases notified, whooping cough, pneumonia, and erysipelas were, in that order, the most numerous. There were no deaths from infectious disease notified during the year.

The following are details of cases and case rates of infectious disease notified during 1956 :—

Disease	Actual Cases	Case rate per 1,000 of population	
		Saltash M.B.	Health Area No. 7
Whooping cough	67	8.95	2.18
Pneumonia	22	2.94	1.37
Erysipelas	15	2.00	0.41
Measles	8	1.07	4.72
Scarlet fever	6	0.80	0.31
Meningitis	1	0.13	0.02
		Case rate per 1,000 total births	
Puerperal pyrexia	1	8.69	7.04

2. Tuberculosis :

The total of six new cases of tuberculosis represents a small increase on the figure of five new cases in 1955. All six cases were of respiratory infection and the majority of those affected were adults. There were no deaths from tuberculosis during the year.

The following are details of new cases and case rates of tuberculosis in the year 1956 :

Age Group	New Cases		Deaths	
	M.	F.	M.	F.
0—1	—	—		
1—5	—	—		
5—15	1	—	No deaths registered	
15—45	1	1		
45—65	1	—		
65 and over	2	—		
Totals	5	1	—	—

			Rates per 1,000 of population	
			Saltash M.B.	Health Area No. 7
New cases	...	...	0.80	0.57
All known cases	...	...	7.34	7.08
Deaths	...	...	—	—

At the end of the year there were 51 known cases of respiratory tuberculosis and four known cases of non-respiratory tuberculosis resident in the Borough.

APPENDIX 1.

Principal Causes of Death — All Ages — 1956.

Disease	St.				Health		
	Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Area No. 7
Heart disease ...	71	62	34	17	50	21	255
Cancer (all sites) ...	40	29	22	8	13	13	125
Vascular lesions of the nervous system ("stroke") ...	27	19	10	5	9	3	73
Respiratory disease ...	17	6	15	2	10	—	50
Circulatory disease ...	12	6	6	1	4	2	31
Genito-urinary disease ...	5	3	4	1	1	—	14
Digestive disease ...	4	6	1	1	1	—	13
Suicide ...	4	4	1	—	—	1	10
Other accidents ...	4	2	—	—	2	—	8
Motor Vehicle accidents.	1	—	1	—	—	—	2

APPENDIX 2.

Types of Heart Disease and Cancer Causing Death — 1956.

Type of Disease	St.				Health		
	Germans R.D.	Liskeard R.D.	Saltash M.B.	Torpoint U.D.	Liskeard M.B.	Looe U.D.	Area No. 7
Coronary disease, angina.	26	19	14	11	9	7	86
Hypertension with heart disease ...	8	6	—	1	2	2	19
Other heart disease ...	37	37	20	5	39	12	150
Cancer of lung and bronchus ...	3	10	1	2	—	6	22
Cancer of Stomach ...	8	2	2	1	5	2	20
Cancer of breast ...	6	2	2	—	2	—	12
Cancer of uterus ...	1	1	2	—	2	1	7
Other cancers ...	22	14	15	5	4	4	64

APPENDIX 3.

Deaths by Age Groups — 1956.

District							All Ages
	0-5 Years	5-15 Years	15-45 Years	45-65 Years	65-75 Years	75 years and over	
St. Germans R.D. ...	3	2	12	45	56	96	214
Liskeard R.D. ...	5	—	5	30	43	70	153
Saltash M.B. ...	4	2	3	20	32	50	111
Torpoint U.D. ...	1	1	1	9	10	17	39
Liskeard M.B. ...	2	1	2	14	20	52	91
Looe U.D. ...	—	—	3	6	13	22	44
Health Area No. 7 ...	15	6	26	124	174	307	652

APPENDIX 4.

Average Age at Death — 1956.

District	Males	Females
St. Germans R.D. ...	66	72
Liskeard R.D. ...	69	71
Saltash M.B. ...	69	69
Torpoint U.D. ...	64	71
Liskeard M.B. ...	73	73
Looe U.D. ...	68	80
Health Area No. 7 ...	68	73

APPENDIX 5.

TUBERCULOSIS

New Cases and Deaths in Health Area No. 7 — 1956.

Age Group	New Cases		Deaths	
	M.	F.	M.	F.
0—1 year ...	—	—	—	—
1—5 years ...	1	—	—	—
5—15 years ...	2	1	—	—
15—45 years ...	3	8	—	—
45—65 years ...	5	4	1	—
65 years and over.	5	—	—	—
Totals ...	16	13	1	—

	Males	Females	Total
New case rate per 1,000 of population ...	0.31	0.26	0.57
Mortality rate per 1,000 of population ...	0.02	—	0.02

Case Rates and Mortality Rates per 1,000 of Population in the Six County Districts in Health Area No. 7 — 1956.

District	New Cases	All known cases as at 31.12.56	Deaths
St. Germans R.D. ...	0.25	6.83	—
Liskeard R.D. ...	0.50	5.50	0.07
Saltash M.B. ...	0.80	7.34	—
Torpoint U.D. ...	0.88	9.15	—
Liskeard M.B. ...	0.46	9.28	—
Looe U.D. ...	1.34	7.80	—
Health Area No. 7 ...	0.57	7.08	0.02
Cornwall County ...	0.63	—	0.11

APPENDIX 6.**CANCER OF THE LUNG AND BRONCHUS — 1956****Deaths by Ages Groups and Sexes.**

Age Group		Males	Females
15—45 years	...	1	1
45—65 years	...	9	1
65—75 years	...	3	1
75 years and over	...	3	3
Totals	...	16	6

Lung Cancer Rate per 1,000 of Population.

	Males	Females	Total
Health Area No. 7 ...	0.314	0.118	0.432
Cornwall County ...	0.224	0.027	0.251
England and Wales ...	0.349	0.058	0.407

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